

McDonald's Sportsmen's Association Foundation

2018 Wounded Warrior Pheasant Hunt

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|----------------|--|
| Hunter's Name: | Date of Birth: |
| Address: | Home Phone Number: Cell Phone Number: |
| Email address: | |

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|----------------------------|--|
| Hunter's Assistant's Name: | Date of Birth: |
| Address: | Home Phone Number: Cell Phone Number: |
| Email address: | |

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|---|---------------------------------------|
| Branch of service that you served? Branch: _____ | Years Served:. From _____ to _____ |
|---|---------------------------------------|

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|--|--|
| Will Field Transportation be Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO | Will Shotgun be Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO Preferred Gauge: <input type="checkbox"/> 12 Gauge <input type="checkbox"/> 20 Gauge |
| EMERGENCY CONTACT: NAME: Phone Number: | <u>ADDITIONAL INFORMATION TO HELP ASSIST YOU:</u> |

**THE INFORMATION YOU PROVIDE WILL BE KEPT PRIVATE AND REMAIN THE PROPERTY OF THE
McDONALD'S SPORTSMAN'S ASSOCIATION FOUNDATION**